



## Perchlorate Report

## I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: 3213000

City / Town: NORTH READING

PWS Name: North Reading Water Dept.

PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
10292	Central St. - Andover Combined	<input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (F)inished	10/20/2016	M.E.C.
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:		
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	(1) Reason for Resubmission	(2) Collection Date of Original Sample	
		<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list any sources that were on-line during collection).				

## II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: M-MA086

Primary Lab Name: Alpha Analytical

Subcontracted? (Y/N) N

Analysis Lab MA Cert. #: M-MA086

Analysis Lab Name: Alpha Analytical

CONTAMINANT	Result	UOM	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	0.119	µg/L	2.0	0.050	0.050	332.0	10/24/16	L1633733-03
CONDUCTIVITY		umhos/cm	---					

Perchlorate analysis requires the use of a Massachusetts DEP approved laboratory.

Perchlorate concentrations between the Minimum Detection Limit (MDL) and the Minimum Reporting Level (MRL) must be reported as estimated (J) values (i.e. perchlorate is positively present but tentatively quantified).

All field samples analyzed with either EPA Method 314.0 or EPA Method 314.1 with measured native perchlorate concentrations between 0.8 µg/L and 2.0 µg/L must be retested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

## LAB SAMPLE NOTES

## Reanalysis and Spike Recovery (required for results between 0.8 µg/L and 2.0 µg/L or samples subject to pretreatment in method EPA 314.0)

Compound	Result (µg/L)	MDL (µg/L)	MRL (µg/L)	Spike Concentration (µg/L)	Spike Recovery (%)	Lab Method	Date Analyzed
Perchlorate (reanalysis)							
Perchlorate (spike)							

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

Primary Lab Director Signature: Joseph Winkens

Date: 10/31/2016

If not submitting these results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____		



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DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
10010	Lakeside Gwtp - (2,3,5,7g)	<input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	10/20/2016	M.E.C.
<input checked="" type="checkbox"/> Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:		
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	(1) Reason for Resubmission	(2) Collection Date of Original Sample	
<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
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Primary Lab Name: Alpha Analytical

Subcontracted? (Y/N) N

Analysis Lab MA Cert. #: M-MA086

Analysis Lab Name: Alpha Analytical

CONTAMINANT	Result	UOM	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	0.240	µg/L	2.0	0.050	0.050	332.0	10/24/16	L1633733-01
CONDUCTIVITY		umhos/cm						

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Perchlorate (reanalysis)							
Perchlorate (spike)							

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Primary Lab Director Signature: Joseph Wickens

Date: 10/31/2016

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DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
10291	Railroad Bed Gwtf (West Village)- Fin	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (F)inished	10/20/2016	M.E.C.
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:		
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		<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		
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## II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #:

M-MA086

Primary Lab Name: Alpha Analytical

Subcontracted? (Y/N) N

Analysis Lab MA Cert. #:

M-MA086

Analysis Lab Name: Alpha Analytical

CONTAMINANT	Result	UOM	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	0.348	µg/L	2.0	0.050	0.050	332.0	10/24/16	L1633733-02
CONDUCTIVITY		umhos/cm						

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